

In certain circumstances, **you have the right to a list of those instances where we have disclosed health information about you**, other than for treatment/ health care-related services, payment, health care operations or where you specifically authorized a disclosure. The request must be in writing and state the time period desired for the accounting, which must be less than a six-year period and start after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free. A fee may be charged for additional requests according to the law. We will inform you of the costs before you incur them.

HCBMR/DD has established a specific Compliance Program and policies, procedures and protocols to address consumer access, amendment and accounting requests in accordance with applicable law, as well as how we may use or disclose Protected Health Information. You may request to review this Compliance Program and policies, procedures and protocols at any time by contacting HCBMR/DD's Privacy Officer, whose name and contact information is listed below. HCBMR/DD will make good faith efforts to distribute this Notice to you and to obtain written acknowledgement of your receipt of the Notice. If HCBMR/DD is unable to distribute or obtain written acknowledgement of your receipt of this Notice, it will document good faith efforts made to distribute the Notice and the reason(s) why we were unable to distribute the Notice to you and/or obtain written acknowledgement of your receipt of the Notice. If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**

You have the right to request that health information about you be communicated to you in a confidential manner (such as sending mail to an address other than your home) by notifying us in writing of the specific way or location for us to use to communicate with you.

You also have the right to request additional restrictions on how your Protected Health Information is used or disclosed. We may deny any such requests in accordance with the provisions of the HIPAA Privacy Rules.

Other uses of medical information

In other situations, as required by the HIPAA Privacy Rules, we will ask for your written authorization before using or disclosing your health information. You may later revoke such authorization by notifying us in writing of your decision to do so.

Complaints

If you have any questions or complaints about how handle your health information, you may ask our Privacy Officer, as follows: Charles Stenken, Quality Assurance/Privacy Officer, 4370 Malsbary Road, Suite 200, Cincinnati, Ohio 45242; 513.794.3300; Charles.Stenken@hamilton-co.org.

You also may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights ("OCR") at 200 Independence Ave., Washington, D.C 20201 or call them at (202) 619-0257.

You will not be retaliated against for registering or filing a complaint with us or OCR in good faith.

NOTICE OF PRIVACY PRACTICES



Effective April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Introduction

This Notice of Privacy Practices is from and on behalf of the Hamilton County Board of Mental Retardation and Developmental Disabilities ("HCBMR/DD"). HCBMR/DD is committed to protecting your privacy, confidentiality and other rights under the law, including:

- Keeping your health information private and confidential as required under the law.
- Distributing this Notice to you.
- Following and abiding by the terms of this Notice, as currently in effect, with respect to health information used and/or disclosed by that entity or person.

HCBMR/DD is committed to complying with federal regulations on consumer health information privacy, confidentiality and other rights. These federal regulations are formally known as the Privacy Standards and Implementation

Specifications of the Health Insurance Portability and Accountability Act (“HIPAA”). They are referred to in this Notice as the “HIPAA Privacy Rules”. HCBMR/DD will be subject to the HIPAA Privacy Rules when carrying out health care provider or other functions that are covered by the HIPAA Privacy Rules when dealing with consumer individually identifiable health information, known as “Protected Health Information”. Under the HIPAA Privacy Rules, HCBMR/DD generally may treat the parent, guardian or other duly-authorized and legal personal representative of the consumer, as if such person were the consumer. Therefore, for purposes of this Notice, the terms “you” or “your” generally should be understood to include not only the consumer, but also the consumer’s parent, guardian or other duly-authorized personal representative under the law.

Changes To This Notice

HCBMR/DD reserves the right to change the terms of this Notice and policies relating to it at any time, as permitted by the HIPAA Privacy Rules. It reserves the right to apply such changes to health information it already holds, as well as new information after the change occurs. Before HCBMR/DD makes a significant change in its Notice, it shall act in good faith to distribute any revised Notice to those it serves. . The Notice also will be available on HCBMR/DD’s Internet Website, at www.hamilton-co.org/mrdd. You may receive a copy of the Notice, as currently in effect, at any time by requesting it from HCBMR/DD’s Privacy Officer, whose name and contact information is listed below.

Using/Disclosing Protected Health Information

HCBMR/DD may use and disclose Protected Health Information about you for **treatment or**

other health care-related purpose (such as providing therapy, medication administration, case management and related services); **payment** (such as using information to submit the Ohio Medicaid Program for payment); and for **health care operations** (such as carrying out CARF-accreditation, quality assurance efforts, accounting, and other matters that are necessary for HCBMR/DD to carry out its functions). We may use or disclose Protected Health Information about you **without** your prior authorization under certain instances. Such instances may include: **State licensing and certification purposes; to investigate major unusual incidents, abuse or neglect as required by law; for public health purposes; health oversight audit and inspection; work- or occupational-related injuries; emergency-related functions or as otherwise permitted by the HIPAA Privacy Rules.** We also disclose health information **when required by law**, as in response to a request from **law enforcement** in specific circumstances, or in response to valid **judicial or administrative orders.** The HIPAA Privacy Rules further describe certain circumstances when we may be able to use or disclose consumer health information for certain **marketing and/or fundraising purposes**. Upon providing you with the opportunity to agree or object to the disclosure, we also may disclose health information about you in order to maintain a **directory of consumers being served; to inform a friend or family member who is involved in your care** or to **notify disaster relief authorities** to alert **family members of your location and condition.**

We reserve the right to use or disclose Protected Health Information to **schedule appointments; for appointment reminders; to explain alternative treatments to you; and to inform you of any other health related benefits that may be of interest to you.**

In addition to complying with the HIPAA Privacy when using or disclosing Protected Health Information, HCBMR/DD is committed to abiding by those other applicable federal and State laws that are not otherwise invalidated, and which may be stricter, by the HIPAA Privacy Rules.

Rights Regarding Protected Health Information

In most cases, **you have the right to request in writing and gain access to health information** about you that we maintain to provide health care services to you. If you request copies, we may charge a reasonable cost-based fee for copying, mailing, labor/services or other related supplies. If we deny your request to review or obtain access, you may submit a written request for a review of that decision. Although the HIPAA Privacy Rules generally provide us 30 days to provide consumer access, we shall act in accordance with other federal or State laws that require us to provide access any sooner.

If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we correct the records**, by submitting a request in writing that provides your reason for requesting the amendment. We reserve the right to deny your request to amend a record if we did not create the information; if it is not part of the medical information that we maintain; or if we determine that the record is accurate. You may appeal, in writing, our decision not to amend a record. By notifying us in writing of the specific way or location for us to use to communicate with you. You also have the right to request additional restrictions on how your Protected Health Information is used or disclosed. We may deny any such requests in accordance with the provisions of the HIPAA Privacy Rules.